



Commissioner for Patents  
Washington, DC 20231  
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Bib Data Sheet

CONFIRMATION NO. 7286

<b>SERIAL NUMBER</b> 09/106,858	<b>FILING DATE</b> 06/30/1998 <b>RULE</b>	<b>CLASS</b> 381	<b>GROUP ART UNIT</b> 2644	<b>ATTORNEY DOCKET NO.</b> 9655-0001-2	
<b>APPLICANTS</b> ARIE M. WIJNEN, ATHENS, GREECE; SPIRO J. PANDELIDIS, ATHENS, GREECE;					
<b>** CONTINUING DATA *****</b> <i>None</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>gm</i> EUROPEAN PATENT OFFICE (EPO) 98201432.6 05/04/1998					
<b>** SMALL ENTITY **</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>gm</i> Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> GREECE	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 17	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 22850					
<b>TITLE</b> ANTI-COPYING SYSTEM FOR AUDIO SIGNALS					
<b>FILING FEE RECEIVED</b> 437	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER 09/106,858		FILING DATE 06/30/98	CLASS 381	GROUP ART UNIT 2743	ATTORNEY DOCKET NO. 9655-0001-2
APPLICANT ARIE M. WIJNEN, ATHENS, GREECE; SPIRO J. PANDELIDIS, ATHENS, GREECE.					
**CONTINUING DOMESTIC DATA***** VERIFIED <u>NONE-gm</u>					
**371 (NAT'L STAGE) DATA***** VERIFIED <u>NONE-EM</u>					
**FOREIGN APPLICATIONS***** VERIFIED                      EPO                      98201432.6                      05/04/98 <u>gm</u>					
***** SMALL ENTITY *****					
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged		<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Initials <u>gm</u> Initials _____	STATE OR COUNTRY GRX	SHEETS DRAWING 5	TOTAL CLAIMS 17
INDEPENDENT CLAIMS 3					
ADDRESS OBLON SPIVAK MCCLELLAND MAIER & NEUSTADT FOURTH FLOOR 1755 JEFFERSON DAVIS HIGHWAY ARLINGTON VA 22202					
TITLE ANTI-COPYING SYSTEM FOR AUDIO SIGNALS					
FILING FEE RECEIVED  \$395		FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	